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Report Period

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NEPPAC
Name (print)

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
NONE			

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N&PAC Name (print)	Office (if applicable)	District (if applicable)
Name (print)	Chica (ii application)	

Contributions of \$100 or Less

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION
NONE	
-	

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION

NEPPAC

Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Н
** Goods and services provided in kind for which money would otherwise have been paid	1
Other miscellaneous expenses	J

^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

NEPPAC

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
CAMPAION TO ELECT GARN MASSY 1404 SILVER DAKS LV, NV 89117	J	3/17/2	#1,000
CAMPAIGN TO EVECT JOHN EVERTON 8084 LAMPS FEND AVE.	T	5/23/2	41,000

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NEPPAC

Office (if applicable)

District (if applicable)

Expenses of \$100 or Less

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY
MONTHLY CHECKING PEE	40.0	A

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY
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NE	PAC
Name (print	1)

Office (if applicable)

District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
NONE				

IN	KIND	CAMI	PAIGN
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Report Period

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Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Contributions of \$100 or Less

DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION
NONE		

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NEFFAC	_
Name (print)	

Office (if applicable)

District (if applicable)

IN KIND

Expenses of \$100 or Less

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